ANNEXURE – I
Rama Medical College Hospital & Research Centre
Mandhana, Kanpur
CONSENT FORM

I .................son /wife of ...............exercising my free power of choice, hereby
give my consent to be included in the study “STUDY AND CORRELATION OF
SERUM MINERALS, VITAMIN-D AND INSULIN RESISTANCE IN
PATIENTS OF TYPE 2 DIABETES MELLITUS WITH AND WITHOUT
MICRO-VASCULAR COMPLICATIONS” I hereby give my consent for
information related to me to be reported in the research study.
I understand that my name and identity will be concealed.
Once signed, I cannot revoke my consent.

(To be explained in detail in native language)

सहभतिपाभम

मैं ............................................./पृजी ............................................./पत्नी/ ।

.............................................स्वर्यंडसअध्ययनमेंभागभेंलाएगा/रहींहुईं I
मैंस्वर्यमुड़ोसस्बंधीसूचनाइसस्वर्यनकार्यमेंप्रकाषितकरनेकीसहभतिदेता/देतीं I
मैंसमझता/समझतीहुईंकिमेरापहचानगोपनीयरखीजाएगी।
एकबारहस्ताखरके पश्चात में सहभतिरदनहींकरसकता/सकतीं I

सहभागी

नाम: ..................................................................

हस्ताखर/अगुठाकलिशान: .............................................

दिनांक: ..................................................................
ANNEXURE-II

PROFORMA FOR PATIENT INVESTIGATIONS

OPD NUMBER:
NAME:
AGE:
SEX:
ADDRESS:

GENERAL INFORMATION FROM PATIENT:

B.P.
WEIGHT
DURATION OF DIABETES:
ANTIDIABETIC TREATMENT: INSULIN / DRUGS?
URINARY FREQUENCY:
URINE OUTPUT:
FAMILY HISTORY:
APPETITE:
SLEEP:
NON HEALING ULCERS: (YES/NO)
SKIN PROBLEMS: (YES/NO)
CATARACT:
BURNING SENSATIONS IN LIMBS: (YES/NO)
MUSCLE WAISTING
ORAL CAVITY PROBLEM
THIRST
NAUSEA
RECURRENT UTI
MOOD CHANGES
CARDIAC PROBLEMS
SURGICAL HISTORY
ALCOHOLIC HISTORY
SMOKING
SWEATING
EDEMA
OTHER MEDICATIONS

PHYSICAL EXAMINATION FOR MICROVASCULAR COMPLICATIONS

- SWELLING: YES/NO
- URINE VOLUME: (NORMAL/DECREASED/INCREASED)
- FREQUENCY OF URINE:
- APPETITE:
- WEIGHT LOSS:
- WEAKNESS
- NUMBNESS: YES/NO
- BURNING SENSATION:
- CRAMPS:
- MUSCLE WEAKNESS: YES/NO
- SKIN:
- REFLEXES(PAIN/ TORCH/ TEMP/ PLANTER)
- URINARY INCONTINANCY
- SWEATING: (INCREASED/DECREASED)
- FREQUENT DIARRHOEA: (YES/NO)